disinfecting bath and shampoo, the patient may emerge with a more beautiful complexion than she ever had before. One woman did tell me that she would be *almost* willing to go through a second attack for the benefit of her complexion, but I think most of us who have seen it, will be willing to live along with the one we have, rather than pay the price.

It is a most loathsome disease, but is rather interesting to watch, and one that, I think, repays the nurse well for her care.

THE NURSE AS AN ANÆSTHETIST

By J. M. BALDY, M.D.

(The following extract from the address of the president of the American Gynæcological Society, delivered at its meeting in Philadelphia in May, is kindly send us by Dr. Baldy who believes that nurses as well as physicians would do well to consider its suggestions. In the opening sentences of the address there are a few words in regard to the depletion of the ranks of physicians by death and retirement and the necessity for bringing in new recruits as workers, which are applicable to the nursing profession also.—Ed.)

The general administration of anæsthetics as performed today is the shame of modern surgery, is a disgrace to a learned profession and if the full unvarnished truth concerning it were known to the laity at large, it would be but a short while before it were interfered with by legislative means—and properly so. In the traditions of our profession the poor receive as good service as the rich, so in the matter of anæsthetics is this true only with this difference: in the first instance they both receive the best that is in us, in the latter they both receive the worst. Who of you is not familiar with the patient coming for a possible operation whose one dread is the approaching anæsthetic, a dread born of a past personal experience or the experience of a friend? Who of you is not familiar with the terrible struggle for breath so common to the etherizing room of the past, the congested blackened face, the prolonged anæsthesia, the patient only partly relaxed, the delay in the operation, the difficulties of the manipulation after an operation begun, the heartsickness at a difficult and delicate operation made doubly and trebly so from the unnecessary chances of sepsis, hemorrhage and shock, the feeling of a patient lost from no lack of skill of your own, the slipping of a ligature and a secondary operation or death, the immediate death on the table from failure of the heart, drowning due to inspired sputum, the vomiting on the operating table to the detriment of the

operation, the prolonged after-period of nausea and vomiting to the great suffering and misery of the patient, the inspiration pneumonia and other pulmonary complications, the nephritis and urinary suppressions all due in great part to faulty anæsthesia? How many deaths at the time of the operation, shortly after operation, or some days or weeks later are due to the same cause? What relation does the anæsthetic bear to the large group of pulmonary complications reported from so many different sources and what is its relation to the thromboses and embolisms which have in the past caused so much suffering and disaster? What of the fatty degenerations of the liver, heart, and kidneys? Who can tell? This fact is certain, however, more deaths following operations are due directly and indirectly to the administration of the anæsthetic than the profession in the past has dreamed of. Wherein lies the fault and where is the remedy? The present long-established and time-honored custom of having the anæsthetic administered in hospitals by the resident physicians, in private homes by any available doctor in the neighborhood, is to be condemned. The man who is able and ready to pay any amount of money for the services of the most skilful surgeon available has his life and those of his family unknowingly put at the mercy of a boy just from his books with absolutely no practical knowledge of anæsthetics and with less teaching. One has only to recall his own experience and feelings during the first few weeks of his apprenticeship at anæsthesia to realize how thoroughly at the mercy of chance was the survival of the patient and how utterly helpless he would have been had anything gone wrong. Is it an exaggeration then to call such a condition a disgrace to the profession of medicine?

Who is to blame for this state of affairs? The young men to whom the anæsthetic is relegated? By no means. As a rule they are a hard-working, well-meaning and enthusiastic body of men eager for knowledge and faithful to every trust. The anæsthetic is placed in their hands and they do the best they know how and are in no way to be blamed if, although ignorant and inexperienced, they are placed in a position of trust in the operating room second in importance only to that of the surgeon. Are hospital managers at fault? It would seem not. They accept the customs of the past as they find them, and if the medical men on whom they depend for instruction in medical matters are so derelict in their observation, knowledge, and duty as to remain content, who can find fault with the hospital management? Who then is at fault in this most grave matter? We ourselves, and we alone, members of the medical profession. We have remained too long bound by the traditions of the dark ages of surgery, we have so devoted our attention

to the discovery of new operations and to the development of their technic that we have too long forgotten one of the most vital points in our operating rooms. Unless we arise shortly to the importance of this reform, ourselves, an awakened public opinion will take charge of the matter and legislate us into a safer position. Fortunately the reform is in sight. Occasionally we hear an isolated voice raised against the continuation of this state of affairs, a protest which is lost in the general activities of professional life. In a few bright spots we see an effort made to reform with an isolated hospital here or there employing a salaried anæsthetizer. And herein lies the remedy,—a salaried anæsthetizer in each and every hospital in the land with a salary of sufficient size to attract to the service men of proper intelligence.

Dollars and cents will be an important item in the success of this movement and a sufficient sum to entice a young man of brains for any great number of years away from a full professional life with all its rewards will be found difficult to raise. Fortunately, however, woman offers a solution to the problem. The qualities of a woman are just those requisite to quiet and soothe a frightened or timid patient approaching the anæsthetic and she is the better qualified to devote her whole attention to her work from the fact of her having no ambition to do surgery and therefore having less incentive to neglect her anæsthetic in order to watch the manipulation of the surgeon. In addition, is not her very timidity an advantage in that it makes her realize more fully her responsibilities and keeps her more attentive? And finally an amount of salary which will prove attractive and permanently remunerative to her would be no temptation to a physician who had the fuller field of professional remuneration ahead of him should he prove a success. Women have been tried in this capacity with the greatest success and the matter is beyond the experimental stage. Many brainy women, fully capable of being trained to this responsible position, have entered the nursing profession and it is from this source we may look for a solution of our difficulties. Women are being tried and are proving most satisfactory as anæsthetists, and it will be a bright day of advance in the technic of the operating room when their services are more generally adopted. It is only those of us who have been so fortunate as to have at our service a skilful and competent anæsthetizer who can fully appreciate the difference in results both as to the satisfaction of doing our work, the celerity and safety of its execution, and the comfort and safety of the patient both during and after the operation. It behooves the medical profession to arouse itself to the importance of this reform before the public fully realizes the situation and takes the matter into

its own hands. And it is befitting us as a scientific and surgical body to once more take the lead and point the way to the surgical world to the one great reform remaining in the perfection of our technic.

LESSONS IN DIETETICS

By MARY C. WHEELER
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(Continued from page 906)

FOODS DERIVED FROM MILK

(Whey, Cream, Butter, Buttermilk, Koumiss, Casein Preparations, Cheese)

WHEY is the fluid which exudes from clotted milk. It may be prepared by adding to thirty ounces of milk, heated to 104° F., two teaspoonfuls of rennet and setting aside in a warm place for a few moments till clotting has occurred. The clot must then be broken up very thoroughly by stirring and the whole strained through muslin. About twenty-two ounces of whey should be obtained. It is composed of: water, 93.64 per cent.; proteid, 0.82 per cent.; fat, 0.24 per cent.; sugar, 4.65 per cent.; mineral matter, 0.65 per cent.

Whey can also be made by precipitating the casein by means of an acid, *i.e.,* a sour wine; by Fairchild's essence of pepsin, or by alum. Whey has but small nutritive value but is often an aid in the feeding of infants.

Cream. Cream consists essentially of the fat of milk, containing also proteid and sugar in fully as high proportion as milk itself. The real difference between milk and cream is that in the latter some of the water of the milk has been replaced by fat. In a physiological sense, cream is chiefly to be regarded as fuel food. It has been calculated that a pint of it should yield about 1425 calories or about as much as one and a half pounds of bread or one and a half dozen of bananas or four and a half pounds of potatoes.

In sick-room diet, it is an important aid in getting fat into the system, for it is a very easily digested form of fat. Cream, however, is not an economical source of fat.

Butter. Butter is produced from cream by churning. The flavor and aroma of butter are due to the growth of organisms in the cream during ripening; butter prepared from pasteurized cream is devoid of